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PATENT
Response Under 37 CFR 1.1116
Expedited Procedure
Examining Group 2645
ATTORNEY DOCKET
NO. 2000P09085US01IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Beyda

Serial No.: 10/759,790

Filed: January 16, 2004

Title: APPARATUS AND SYSTEMS
FOR UTILIZING CALLER ID
DATA TO AUTOMATE
RETURN CALL PROCESSING

Group Art Unit: 2614

Examiner: Olisa Anwah

CERTIFICATE OF FACSIMILE TRANSMISSION

The undersigned hereby certifies that this document
is being facsimile transmitted to the fax number and
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By:

Jeanette L. Taplin

REQUEST FOR CONTINUED EXAMINATIONMail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby requests continued examination, in accordance with 37 C.F.R. §1.114, for the
above identified application.TIME REQUEST IS BEING MADE

1. This request is being submitted:

- i. ☒ Prior to abandonment of the application
- ii. ☐ With payment of the issue fee
- ☐ Prior to payment of issue fee
- ☐ Issue fee has been paid but a petition under §1.313 has been granted
- iii. ☐ Prior to a decision on appeal to the Board of Patent Appeals &
Interferences
- ☐ A notice is being separately sent to the Board of Patent Appeals &
Interferences that this Request for Continued Examination is being filed.

08/06/2007 HDEMESS1 00000067 192179 10759790

01 FC:1801 790.00 DA

Serial No.: 10/759,790

Attorney Docket No.: 2000P09085US01

ENCLOSURES

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2. Enclosed herewith is/are:

- ☒ **A Petition for Extension of Time for TWO (2) MONTHS**
☐ Please enter the Amendment submitted: _____
☒ **Please enter the enclosed Preliminary Amendment**
☒ **An Information Disclosure Statement with PTO-1449.**
☐ New arguments
☐ New evidence in support of patentability
☐ Other:

FEE FOR REQUEST (37 C.F.R. §1.17(e))3. ☒ Filing fee has been calculated as shown below after entering the previous amendment (other than small entity):

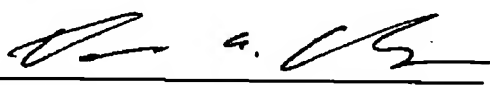
For	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	x Rate	Additional Fees
Total Claims	10	-20	=0	X \$ 50	\$ 0.00
Indep. Claim	2	-4	=0	X \$200	\$ 0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				x \$300	\$ 0.00
Basic filing Fee					\$ 790.00
Total					\$ 790.00

4. ☒ Please charge Deposit Account No. 19-2179 in the amount of \$ 790.00. The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment to Deposit Account No. 19-2179 pursuant to 37 C.F.R. §1.25.

PLEASE MAIL CORRESPONDENCE TO:

Respectfully submitted,

Siemens Corporation
Customer Number: 28524
Attn: Elsa Keller, Legal Administrator
Intellectual Property Department
170 Wood Avenue South
Iselin, NJ 08830


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